

State: NEW MEXICO

Citation(s)

2.6 Financial Eligibility

42 CFR
435.10 and
Subparts G & H
1902(a)(10)(A)(i)
(III), (IV), (V),
(VI), and (VII),
1902(a)(10)(A)(ii)
(IX), 1902(a)(10)
(A)(ii)(X), 1902
(a)(10)(C),
1902(f), 1902(l)
and (m),
1905(p) and (s),
1902(r)(2),
and 1920

- (a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

STATE <u>New Mexico</u>	A
DATE REC'D <u>APR 03 1992</u>	
DATE APPV'D <u>APR 29 1992</u>	
DATE EFF <u>JAN 01 1992</u>	
HCFA 179 <u>92-04</u>	

TN No. 92-04

Superseded

TN No. 91-19

Approval Date

APR 29 1992

Effective Date

JAN 01 1992